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RHINOPLASTIC OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

THE history of the patient who was the subject of this operation, we shall give very briefly, as follows.

J. T. 28 years of age. Three years ago last spring, while playing very roughly with one of his companions, he received a violent blow on the nose, which dislocated the cartilage, driving it at the same time over to the left side. Some inflammation came on in the nose at the time of the accident, which very shortly subsided; and as he was out of town, and at a distance from medical advice, nothing was done to replace the cartilage, which remained in the situation into which it had been driven by the blow.

In the following spring, while pursuing his ordinary occupations, a small red spot appeared on the right cheek just below the eye; this very soon increased in size, the inflammation gradually spread, first attacking the lip, and from thence extending to the nose, which became red, swollen, and finally ulcerated.

It will be unnecessary to go further into the details of the case; suffice it to say, that in the course of eighteen months the whole nose, cartilages, septum, bones, &c. were successively attacked, and finally completely destroyed. The ulceration had also extended to the cheek of the opposite side. Subsequently to this, cicatrization gradually took place, leaving the patient in the state in which I saw him, six months after his recovery from the disease.

At this period, having accidentally come across a description of the Taliacotian operation in an old magazine, he applied to know whether anything of a similar kind could be done to remedy his frightful deformity. The following was his state as he appeared on the first examination.

The nose, as described above, had entirely disappeared, leaving in the place it originally occupied an opening about an inch in diameter, bordered by a firm cicatrice; the septum of the nostrils was destroyed, and the two nasal cavities thus thrown into one; externally a small cicatrix descended from the lower and left edge of this opening to the angle of the mouth. In the course of the disease the four front teeth had been lost, and this, together with the absorption of the alveolar processes, had caused a sinking of the upper lip, which had fallen an inch below the level of the lower one. An opening also existed between the lip and upper jaw, through which a probe might be passed from the

mouth into the nasal cavity. The sense of smell was quite lost, and he was subject to an occasional running of the tears over the face, arising undoubtedly from the too sudden contact of the air with the lachrymal ducts.

A thorough examination of his case having been made, and finding there was no positive obstacle against the possibility of the success of an operation, the difficulties of such an operation as would be required were distinctly stated to him, the improbability of its succeeding so as to restore the organ in such a manner that the deformity should not be known, that the new nose might become very much flattened, and perhaps on the appearance of cold weather gangrene might take place, and finally, that even his life might be endangered by it. I felt it my duty to state the case plainly, having seen all these accidents occur from the operation, and death in two cases being the consequence, from severe erysipelatous inflammation of the scalp.

Notwithstanding all these objections, he said that he was ready to incur any risk which would give him the least chance of having the deformity under which he labored obviated, as life in his present state was hardly desirable.

His case was certainly a hard one. A young man, in the prime of life, in other respects of a good face and appearance, was, by this frightful calamity, not only entirely cut off from society, but prevented from gaining the means of subsistence.

Having determined to submit himself to an operation, it was thought expedient to delay it a few weeks, in order to watch the case a little, and prepare him for it by a course of diet and regimen.

At the end of six weeks his health had materially improved, and as he still persisted in the determination of having an operation performed, preparations were made to do it as soon as possible, as on account of the approach of cold weather, no time was to be spared. At this period he was seen by my friend Dr. Peace, of Philadelphia, who was present with me at one or two operations of the kind practised by Dieffenbach in Paris, and he declared, as his opinion, that the appearance of the patient offered every chance of success. The favorable circumstances were—the healthy state of the integuments surrounding the opening of the nasal fossa, the great height of the forehead, the whiteness and delicacy of the skin, and, added to this, the good state of his health. All the preparations having been made, the operation was performed on the seventh of September.

A piece of pasteboard, cut in the shape of the letter V, that is, of a triangular form, and with a projection from its base, corresponding to the columna of the nose, was placed upon the forehead, and a trace made around it with the nitrate of silver; this being used in preference to ink, as recommended by Lisfranc, in order that it might not be liable to become effaced by the blood. A trace was also made around the opening of the nasal fossa, at the points where it would be necessary to remove the integuments for planting the new skin taken from the forehead. This was done the night previous, in order to prevent any undue delay on the day of the operation.



All unnecessary articles of clothing being removed, the patient was placed on a table in a recumbent position, his face towards the window, and the operator behind so as to have the full command of the head. The traces made by the nitrate of silver were about two thirds of an inch apart between the eyebrows, each side of the triangular portion of skin was three inches and a quarter in length, with a base of three and a half inches, and the projection for the columna of the nose, which was to be taken entirely from the scalp, previously shaved, was an inch and a half long and two thirds of an inch wide.

The head being firmly supported by two assistants, the incision was commenced between the eyebrows, and the flap of skin dissected up so as entirely to isolate it from the skin of the forehead, except where, for the purpose of nutrition, it was left adherent at the root of the nose. The incision on the left side between the eyebrows was extended a little farther down than on the right, the better to facilitate the twisting of the flap. This incision included the skin, subcutaneous cellular tissue, and a portion of the occipito-frontalis muscle, care being taken not to raise the periosteum, from fear of necrosis.

The flap thus dissected and twisted round to the left side, was carefully wrapped in a compress of linen cloth, and before the operation was proceeded farther in, attention was given to diminishing the large wound made in the scalp. Little hemorrhage had taken place, and the temporal arteries which had been cut, very soon retracted and ceased bleeding. The angles of the wound were first brought together by the twisted suture, two pins being employed on either side. Its edges between the eyebrows were also approximated in a similar manner; by this means the wound in the forehead was diminished at once to less than half its original size; it was still farther reduced by the use of a few strips of adhesive plaister, and a little scraped lint filled up the remainder of the wound. Some lint spread with cerate was spread over the whole surface, a pledget, and the whole secured by a bandage round the head.

The next object was to fix the borrowed skin in its place. In order to do this, it was necessary to freshen the borders around the opening of the nasal fossa, the traces of which, as stated above, had been previously made with nitrate of silver. For this purpose a short narrow knife, somewhat similar to a cataract knife, was used, and a strip of integument a third of an inch in breadth, removed, including all that portion which had been at all indurated during the cicatrization of the ulcerations. The knife was also passed between the lip and upper jaw, in which existed, as before stated, an opening large enough to pass a probe, and the adhesions between the two, for the space of an inch, entirely cut away. This was done for the double purpose of giving the columna of the nose a more deep and firm adhesion, and, in the inflammation which would subsequently ensue, to close up the unnatural communication between the mouth and nasal cavity.

The flap was now brought down into its place, its angles a little rounded with the scissors, the better to simulate the alæ of the nose, and the whole secured in its place by pins and points of the interrupted su-

ture. From that portion of the skin which was to form the columna of the nose, the epidermic side was pared a little, so that it might form an adhesion not only underneath to the jaw, but on its sides to the quadrangular wound made for it in the upper lip.

A little scraped lint was now placed under the ends of the pins, and a strip of oiled lint introduced into each nostril to prevent adhesion; and other strip was placed upon the nose to preserve its temperature. The dressings were secured by a band of adhesive plaister fixed to the forehead above, and partially divided in the middle, so that it might descend on each side of the nose to the lip.

During the whole of this long and painful operation the patient kept up his courage, and not a cry was uttered, nor the least struggle made that could at all impede the motions of the operator. Not much blood was lost, and his strength was so little exhausted that he was able to run up stairs to his chamber. He was ordered to go to bed immediately, to keep perfectly quiet, and a watcher left with him, who had directions, in case of his falling asleep, to prevent him from either rolling over on his side, or raising his hand to the nose so as to derange the dressings; also to wake him immediately should he breathe through the nose. To have arrow-root or gruel and lemonade, for nourishment.

On visiting him in the afternoon he was found comfortable; the new nose was warm, and had bled a little from the edges which formed the nostrils, both showing the circulation was not at all impeded.

Sept. 10th. Passed a good night, slept well, pulse seventy-nine, complains of no pain, the nose of about the natural temperature. The gentleman who watched with him thinks that the lint on the right side of the nose was occasionally raised a little during expiration, when the patient slept soundly; he awoke him once or twice on this account. A purgative was ordered of the sol. sulph. magnes. and liquid farinaceous diet. A piece of cork was confined between the teeth, so as to keep the mouth open, it being hoped that this might prevent him from closing his lips during sleep and breathing through the nose.

11th. Quite as well, passed a quiet night, has a good appetite, pulse eighty. Watcher says that he occasionally made a motion to raise his hand to the nose, but, as if instinctively aware of the impropriety of it, withdrew it again without touching the dressings. The introduction of the cork into the mouth had entirely effected its object, by preventing the passage of air through the nose.

12th. The first dressing took place four days after the operation, and the following was found to be the state of the parts.

The dressings on the forehead, after being well soaked were first removed. The angles of the wound were found to have united throughout, so that two of the pins were at once dispensed with. Union had also taken place in its lower part, just above and between the eye brows; the remainder of the wound, that is, its central part, in which union by the first intention could not take place, was suppurating well, and filled with healthy granulations.

The nose was next attended to. Upon the lint being removed, which had become very much hardened and caked in by the coagulated blood,



it was found that entire union had taken place on both sides. The alæ of the nose and lower edges could not easily be seen without making use of too much violence in removing the dressings, which at present was not thought necessary. The columna was curved inwards, and the sutures concealed. The nose was of the natural color and temperature, and the circulation through it seemed uninterrupted.

Two strips of lint dipped in oil were laid over the cicatrix on each side of the nose, and no other dressings used. The patient was allowed to sit up a little, and to take any article of food of the liquid kind he might fancy.

On the 13th he was quite as well, with the exception of a little œdema of the upper eyelids, arising, undoubtedly, from the pressure of the bandages and other dressings on the forehead. One of the pins was removed from the forehead on the 13th, and another, the only remaining one, on the following day. The dossils of lint which had been placed in the nostrils still remained there, firmly caked in by the drying of the pus, blood, &c. These were not removed until the 19th, when their places were supplied by two pieces of hollow sound. Some difficulty was found in the introduction of the tube into the right nostril, which had become partially filled with granulations.

On the 14th a quantity of hair began to appear on that portion of the skin forming the columna of the nose, which, as will be remembered, was taken from the scalp; this hair, from time to time, required to be removed with the scissors. He was put upon a nourishing diet, with the caution to use the jaws as little as possible. He stated that occasionally, when he swallowed, he had a sensation as though he would "swallow his nose."

15th. The remaining pins were removed from the side of the nose, and the two sutures which confined the alæ; and on the 17th, ten days after the operation, the two ligatures, which confined the columna in its place, were also removed.

At this period, the following was the state of the parts. The wound in the forehead, from the adhesion by the first intention which had taken place, and subsequent contraction, had diminished to a third its original size, and the small triangular space which remained, together with that portion of the scalp from which the columna of the nose had been taken, was filled with healthy granulations. From the wound to the root of the nose was a lineal cicatrix two inches in length, and continuous with the cicatrix on the left side. Adhesion of the integuments had taken place on both sides of the nose; at the right alæ, however, the union was not quite so perfect as at the left; that is to say, the whole thickness of the skin did not appear to have united. To assist the union, the skin of the face which lay under it was slightly scarified with the point of a lancet.

The columna of the nose was a little curved backward, and its edges had retracted inwards upon themselves. The inside of the nose was suppurating well, and at its upper part adhesion seemed to have taken place between the two bleeding surfaces which had been opposed to each other. The tip of the nose was well defined, and its edges were curved

inwards so as well to simulate the natural appearance of the alæ, and just above the alæ, apparently from atmospheric pressure, a depression was taking place, forming their superior boundary. This was assisted by the patient making an occasional pressure with his fingers at these points. He feels well, has a good appetite, and sits up all day. He breathes freely through the tubes placed in the nostrils, which require to be daily removed in order to clear out any obstructions which may collect in them.

At the end of a month the wound in the forehead had contracted to about a quarter of its original size. Adhesion of the nose was perfect at all its points. The openings of the nostrils were regularly rounded, and simulated well the natural appearance. The tip of the nose is well preserved, and a regular curve takes place from its root to the end of the organ.

At the end of six weeks he was able to go out and walk about during the evening, but as the weather became cold he was advised to confine himself to the house, as cold evidently had a very great effect in retarding the cicatrization of the wound in the forehead. By reference to the second figure on the plate which accompanies this paper, a pretty correct idea will be formed of the state of things six weeks after the operation.

At the end of two months it was thought time to proceed to the second operation, which was required to remove the twist existing at the root of the nose. It will be easily conceived by referring to the plate, that underneath the pedicle which connected the nose with the forehead, a small portion of sound skin existed, and that of course no adhesion had taken place between this portion and the pedicle lying over it. The method usually adopted by operators has been to cut the pedicle, after sufficient union of the nose has taken place below to justify the separation of it from its source of nutrition, and to fix it down at the root of the nose, in a transverse incision made for it at that point.

To this method there are some serious objections. First, the danger of inflammation in separating the pedicle; second, of sloughing of the organ on the vessels being cut which have hitherto supplied it with blood; and lastly, the very perceptible transverse cicatrix left after the operation. The method resorted to in the present case is liable to none of these objections, except, perhaps, the first one, in which the danger is much diminished.

This operation was as follows. An incision was made, commencing at the internal angle of the eye, and extending to that part of the base of the nose where adhesion had not been able to take place; a corresponding incision was also practised on the pedicle. The skin being well dissected up from its adhesion, a small portion of integument was removed from the upper angle of the wound, where it had become wrinkled from the twist in the pedicle. The edges were brought together by three points of the interrupted suture. The same operation was to be performed at a future day on the other side, where, however, the opening was of about half the size, and not so perceptible. Union took place, throughout, by the first intention. Some trouble was experienced, how-



ever, by the formation of a small abscess in the new cicatrix, which suppurated and discharged itself.

The third drawing, executed four months after the operation, when the cicatrization had become complete at all points, gives a very good idea of his present appearance. He now declares himself entirely well, no secretion takes place from the nostrils, and on looking into those cavities a new skin is found to line them throughout. The nose itself has contracted gradually, so that by the first contraction of the integuments, and the subsequent contraction from suppuration, it has decreased to almost two thirds the size of the flap which was taken from the forehead. Contraction also seems to be going on in its longitudinal axis, so that the distance between the tip of the nose and the mouth, daily increases. This will be much more perceptible, and the whole physiognomy of the nose much improved, when the four front teeth, which have been lost, are replaced. This will bring out the under lip, and at the same time raise the tip of the nose. The cicatrix in the forehead has become very small, and is gradually assuming the color of the surrounding integuments. The scalp from which the columna was taken is lost in the hair. The nose is quite firm, of a good form, and the cicatrix on each side hardly perceptible; at the root of the nose on the left side, and at that portion which formed the pedicle, a small fissure still remains, which is for the present concealed by a strip of court plaster.

The health of the patient has never been better, his sense of smell is returning, and the tears no longer run over the face, and he, as well as his friends, congratulate themselves both on the moral and physical effects of the operation. He is now able to make his appearance during the daytime, which he has not done before during the last two years, and no person would observe anything remarkable in the nose, without a minute examination, when it would be difficult to explain the remarkable anatomical changes which have taken place.

*Remarks.*—In an operation like the present, of comparative rarity in this country, it will not perhaps be considered amiss, if a few remarks are offered on some of the most interesting points connected with its history, and of the chief difficulties which may occur to prevent its success.

The operation of Rhinoplastie is originally of very ancient date. For various reasons, however, it had fallen into most unmerited disrepute until of late years, when it has been again revived in Europe by the brilliant successes of Graffe, Dieffenbach, and Labat on the Continent, and Liston in Great Britain. Dieffenbach, in his late visit to Paris, where, with the accustomed liberality of the French, all the hospitals were thrown open to him for practising his celebrated operations for the restoration of parts, has, perhaps, done more than any other operator towards giving it its proper standing in surgery.

In the most ancient operations of this kind, the lost organ was restored at the expense of the integuments in its immediate neighborhood; advantage being taken of the extensibility of the skin of the cheeks, the integuments were dissected up on both sides of the nasal fossa, brought forward, and united in the centre by points of the interrupted suture.

In case of the extensibility of the integuments not being sufficiently great, incisions were made on both sides in front of the ears, so as to diminish the tension of the skin at these parts, the wounds thus made being afterwards allowed to fill up by granulation. This operation, however, did not, as will be easily perceived, restore the form of the lost organ, and the only advantage gained was a flap of skin to cover the existing deformity.

The operation which was afterwards adopted, and which at present bears the name of the author, was that of Taliacotius, which consisted in taking the skin required, from the arm, or, in some cases, from the body of another person. The given shape of the nose being marked out on the place determined upon, the flap was dissected up, except at its base, and the integument thus taken was confined in a place prepared for it around the nasal fossa. In this operation, it was required that the arm, in case it was taken from that part, should be confined in contact with the face, for the space of ten or fifteen days, or until union had taken place; and it was not until then that the arm was released from its situation. The disadvantages of this method are at once manifest; the length of time required to keep the limb in this painful situation, so as in some cases to produce partial paralysis, and the danger that ensued in the too early separation of the transplanted skin from its source of nutrition, were, of themselves, reasons of sufficient weight to cause this method to fall into disuse.

The operation which has attained the most celebrity, is that which goes by the name of the Indian Method, in which the flap is taken from the forehead. This has been most frequently practised in France and England, and it is this method, which, it will be perceived, has been adopted, with some modifications, in the present case.

Having thus briefly referred to the history of the operation, some remarks will now be made on the chief difficulties which occur in the course of it, and the means taken to obviate them.

No operation, perhaps, requires more attention to the nice points of detail, than that now under consideration; and it is on these that the ultimate success of the operation, in a great measure, depends. For information on this subject, we cannot do better, than by referring to the work of M. Labat, one of the most valuable monographs on rhinoplastic for reference yet published. The author, after having referred to the occasional trouble which he experienced from hemorrhage while dissecting up the flap of skin from the forehead, goes on to state, "But an inconvenience much more embarrassing, and to which it was necessary to be resigned, from the impossibility of remedying it, was occasioned by the great quantity of blood, which, entering the throat, was violently expelled from the mouth every time that the pain of the operation forced the patient to cry out. But what was much more troublesome still, was its being repeatedly received in the eyes of the operator, so as once or twice to oblige me to discontinue the operation for the space of some seconds."

The difficulty which the author here complains of, was remedied in the present instance by a very simple means. Instead of placing the



patient in an upright position, he was made to lie upon his back on a table, the operator behind him; the blood was thus conducted off on each side of the face, instead of passing over the nasal fossa and mouth, and entering the throat. To guard against any possibility of this accident taking place, plugs were confined in the opening of the nasal cavities, during the dissection of the flap, and the time occupied in closing up the wound on the forehead. When the operation was commenced around this opening, and the entrance of the blood was unavoidable, the patient, who maintained sufficient coolness throughout, was requested to keep the blood as long as possible in the mouth, and an assistant directed to clear out, with a small sponge, what had collected, as occasion required.

We give the account of another trouble, in the author's own lively description, which, fortunately, was avoided in the present instance.

"But an accident of much more gravity, and which placed me in a very critical position, presented itself at a moment, when, after having detached from the forehead the flap of integument, I was about to bring it down into the place it was destined to occupy. Previous to making this twist of the new flap, it was thought necessary, as I have before stated, to prolong the incision on the left side as far as the medium line of the root of the nose, in order to facilitate the torsion of the pedicle; the patient experienced, at this moment, such a violent pain by the inevitable division which it was necessary to make of some of the ramifications of the frontal branch of the ophthalmic nerve of Willis, that he escaped from the hands of the assistants, rushed towards the door, and was determined not to undergo the remaining part of the operation. At this moment, the physiognomy of L. presented a most frightful aspect; his forehead covered by a large wound, the borders of which, retracted by pain, had greatly augmented its extent, and all the rest of the face, his neck, and garments, inundated with blood. But a sight which was much more horrible to behold was the flap of palpitating integuments, which at every moment were jerked from one side of the face to the other."

In the present instance, no particular suffering was observed by the extension of the incision down between the eyebrows; and in case of any difficulty of this kind, the complete command in which the patient was held, from the position adopted, would have prevented any of the evils complained of by M. Labat.

One of the greatest difficulties of the operation, and that which, in its consummation, occupied the most time, was the passing of the pins which were to close the wound in the forehead, and to confine the new nose in its situation. To remedy this as much as possible, the pins to be employed, which were the long pins, generally used by naturalists, were previously sharpened; and for introducing them, a little instrument was constructed, somewhat similar to the aneurismal forceps of Dr. Physick, made with a small groove to receive the head and upper third of the shaft of the pin. With this instrument the pins were readily seized, and pushed through the skin, and the ligature being applied, their ends were cut off by the scissors or cutting pliers.

At that part of the flap which was to simulate the alæ of the nose, as it was necessary that the integuments should be directed inwards, the pins, of course, could not be used, and here a plan recommended by M. Labat was adopted, which was followed by partial success. A thread being passed first through the integument of the face, and then through the flap, at about two lines distant from their edges, the ligature was so tied as to produce, as it were, a fold at that point; and the better to effect this object, a small piece of adhesive plaister, rolled up into the form of a cylinder, was confined under the threads, so as to make a strong compression on the wound and to force the edges into their places. This succeeded completely on one side; on the other, however, the union, at first, was not so entire, the skin adhering only by about half its thickness.

During the whole of the treatment, it was necessary to keep the openings of the nostrils distended by small tubes. The substance which seemed to answer the best for this purpose, was a portion of the barrel of a quill; the end which was to remain in the nose, being stopped up with a little melted sealing wax, and a small aperture cut in the side through which the air could freely pass. These were ingeniously constructed by the patient himself, who, after a time, was able to manage them without difficulty. The tendency to contraction at these points was very great, so that at one period, the tubes being left out during the night, it required considerable force to replace them.

From the new nose being formed entirely of skin, it will perhaps be supposed, that the integuments composing it are flaccid, and the form of it easily destroyed. This, however, from reasons easily appreciable, is not the case. The integuments of the scalp being naturally of great thickness, by the suppuration which took place from the inner side were made to assume a firmness almost similar to fibro-cartilage; and at the root of the nose, the internal surfaces coming in contact, contracted adhesions so as to make the nose perfectly solid at that part. The size, also, of the columna, which doubled upon itself and contracting deep adhesions during the inflammation which took place, forms a round and solid pillar to support the tip of the nose.

Great precautions had been taken to guard against exposure to the cold, which, by stopping the circulation, might at once defeat the whole object of the operation. As soon, however, as adhesion had taken place, it was perceived that no danger from this source was to be apprehended; and although during the winter he has slept in a room in which water has frequently frozen, and has been since repeatedly exposed during some of the coldest days, he finds that the temperature of the organ is never greatly diminished.

The cicatrization of the wound in the forehead was greatly retarded by the cold weather, and less than half the time would have been required, had the operation been performed during a warmer season; when it had diminished to a small size, and cicatrization, as frequently is the case in the filling up of large wounds, seemed to have been arrested, great benefit was found from the use of an ointment composed of six drops of creosote to an oz. of simple ointment. On the application of this to



the wound, the effects were at once apparent. A small pellicle formed over its whole surface, which was shortly replaced by a firm, consistent cicatrix.

In one or two cases operated upon by Dieffenbach, much swelling took place in the new formed nose the day after the operation, arising from the difficulty of the blood, which had entered by the arteries, being conducted off by the veins. In one case the nose became so enormously distended, that it was feared the adhesions would be entirely destroyed, and it was only by the repeated application of leeches, 70 or 80 being employed in the course of 48 hours, that this danger was finally avoided. In the present case, from the extension given to the incision on the left side, care being taken that traction should not be made too forcibly on the part, so as to compress the pedicle at its base, the circulation was, from the first, unobstructed.

In the account of the foregoing case, it has been attempted to bring forward some of the most important points which might be of service as a guide to future operators; and if the author has been so fortunate as to throw any new light, however small, on the operation, he will feel that he has rendered a service to science and to humanity.

*Boston, March, 1837.*

J. MASON WARREN.

LARGE DOSES OF CALOMEL.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR—The author of "Remarks on Itinerants," in his third number, speaking of mercury and its preparations, says he has used it after all other remedies had failed, in doses of a teaspoonful heaped up, once in six hours, for a week, as a vermifuge. He says his patient was a little girl, five years of age. Now, Sir, I wish to inquire whether *calomel* was the preparation he used, and if so, was the article genuine? If he gave it internally, as is probable from the reading, what effects attended its operation besides the expulsion of one hundred and twenty-five worms? In other words, did it, or did it not, produce much impression on the system?

If, Mr. Editor, you do not deem these interrogatories unimportant, or in other respects objectionable, I wish them to be proposed, through the Journal, to the author of those remarks.

N.

*Vermont, Feb. 13th, 1837.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH, 8, 1837.

STATE LUNATIC ASYLUM.

THE following are extracts from the report of the Chairman of the Legislative Committee on Charitable Institutions, which is a document high-

Ms. 1125